

# THE MEDICAL NEWS AND LIBRARY.

VOL. XIV.

MARCH, 1886.

No. 159.

## CONTENTS.

<b>CLINICS.</b>	
Statistical Report of the Principal Operations performed in the London Hospitals during the month of October, 1885	33
<b>MEDICAL NEWS.</b>	
Domestic Intelligence.—Ovary in Ova	47
Medical Society of East Tennessee	47
American Pharmaceutical Association	47
Naval Medical Board	48
The Cincinnati Medical Observer	48
American Medical Association	48
University of Michigan.—a Professorship of Homoeopathy	48
Libel Suit in Michigan	48
Foreign Intelligence.—Therapeutic Properties of Ioduret of Gluten	49
Closure of the Burial Grounds in London	49
Suicide by Swallowing a Red-Hot Poker	49
Death from Chloroform	50
The Three Phases of a Surgeon's Professional Life	50
Swabbing the Larynx	50
Alleged Cure for Hydrophobia	51
American Arctic Expedition	51
Lectures by Liebig	51
Dr. Brown-Square	51
Typhus Fever	51
Prof. Oppolzer at Warsaw	51
Cholera in Austria	51
Cholera in Berlin in 1855	51
Cholera at Madrid	51
Statistics of Mortality in Paris in 1854	52
Population of France	52
Liberal Bequest	52
Obituary Record	52

**BROWN ON SURGICAL DISEASES OF WOMEN, TWELVE PAGES.**

### CLINICS.

*Statistics of the Principal Operations performed in the London Hospitals during the month of October, 1885.*

**Lithotomy.**—Case 3 (Mr. Statham's) of last month's report, under treatment at the time, has since recovered.

Number of cases, 6; recovered, 4; under treatment, 1; died, 1.

**Case 1.** A man, aged 21, in good health, under the care of Mr. Paget, in St. Bartholomew's Hospital, having suffered from stone for some years. The usual operation was performed, and a large, flat, oval stone removed. The superficial arteries bled very freely during its performance, but they did not necessitate the use of ligatures. A considerable quantity of blood was, however, lost. Excepting a single rigor, the man had not a bad symptom afterwards; he recovered quickly. **Case 2.** A boy, in fair health, aged 4, under the care of Mr. Stanley, in St. Bartholomew's Hospital. The usual operation was performed. Is nearly

well. **Case 3.** A boy, in moderate health, aged 6, under the care of Mr. Gray, in St. Bartholomew's Hospital. The usual operation. Recovery. **Case 4.** A pale, rather cachectic man, aged 22, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He had long suffered from symptoms of stone. In the operation, a vessel of considerable magnitude in the outer and lower part of the incision was wounded, and bled most alarmingly. The operation was at once desisted from, and, with some difficulty, a ligature was, by means of a tenaculum, applied to the wounded vessel. A large stone was afterwards removed. The wound was plugged with sponge. No further hemorrhage occurred, the sponge being left in for four days. The ligature came away about the twelfth day, and the wound is now fast healing. Neither in this case nor in Case 1, does the great loss of blood, which in each occurred during the operation, appear to have materially interfered with the subsequent progress. **Case 5.** A weaver, aged 46, of in-

Published monthly by **BLANCHARD & LEA**, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage to the subscriber.

In no case will this work be sent unless the money is paid in advance.

VOL. XIV.—3

temperate habits and worn-out health, was admitted into Guy's Hospital under the care of Mr. Cock, having, three days before, broken a gutta-percha bougie into his bladder. About eighteen months ago he had been under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of a similar accident, on which occasion, the urethra was opened in the perineum, and a large fragment taken from that canal; a smaller one, which was in the bladder, being left to escape spontaneously. The wound had soundly healed, and with so much contraction, that he found it again needful to resort to the use of bougies. When admitted, under Mr. Cock, the retained portion was wholly in the bladder, and was believed to be about five inches in length. The man at first refused to submit to any operation, believing that he should be able to pass the fragment by the urethra. Symptoms of vesical irritation became aggravated, and a week after admission he consented to have the foreign body removed. Mr. Cock performed an ordinary lithotomy operation, making, however, but a very small incision in the prostate. Five inches of bougie in three portions, all coated with phosphates, were removed. Excepting an attack of orchitis, the man has since done uninterruptedly well, and the wound is now nearly healed.

*Case 6.* A man, aged 64, in good health, under the care of Mr. Luke, in the London Hospital. It appeared, from his symptoms, that he had suffered from stone for twenty-five years, although it had not been discovered prior to his admission. The usual operation was performed, and two large, triple phosphate stones removed. The stones had a very peculiar shape, much resembling the quarters of a large orange, and having sides which adapted themselves accurately to each other. Their appearance was such as to suggest most strongly the probability of there being others in the bladder, but, on careful examination, none could be found.\* The man did pretty well for the first fortnight, and then rather suddenly sank. Death occurred on the nineteenth day. At the autopsy, the kidneys were found exten-

sively diseased, both from recent and old mischief. The ureters were dilated and inflamed. The bladder was hypertrophied and congested, and there was a considerable collection of matter in the recto-vesical cellular tissue. No other concretions were found in the bladder.

*Opening of the Urethra for the Removal of Calculi.*—A man, aged 48, was admitted into Guy's Hospital, under the care of Mr. Cock, on September 12. He was in ill-health, and very nervous. He had suffered from stricture for many years, and had been under Mr. Cock's treatment for it in May, 1854. At that time he had a stricture which had resisted many months of continued attempts at dilatation, and Mr. Cock, being consulted in an urgent attack of retention, was able only with the greatest difficulty to introduce a No. 3 catheter. After that, the canal was got into a tolerably pervious condition, but the man remained unable to empty his bladder without the use of a catheter, and was accustomed to employ the instrument himself. At times, great difficulty in its introduction would occur. When admitted on the present occasion, he had for some weeks suffered great pain in the lower part of the urethra, and on several occasions had felt a stone on passing the instrument. Mr. Cock examined him, and also discovered what appeared to be a small fragment of stone close to the prostate, and, on one occasion, felt this to slip back into the bladder. The man's health was so bad, that it was feared he would not bear a lithotomy operation. Dilatation of the urethra was practised, in the hope that the stone, evidently a small one, might escape spontaneously. After a time, it became impossible to find the stone, while yet it was almost certain that it had not been voided. A No. 3 could be passed, but it occasioned much irritation. Suspecting that the stone had got lodged in a pouch by the side of the urethra, it was at length determined to open that canal. An ordinary lithotomy staff being used, an inch and a half of the urethra, from the front of the bulb to the prostate, was laid open; no stone could be found, and the prostatic urethra having been dilated until it readily admitted the finger, a complete and careful examination of the bladder was made, but with like result; neither the finger nor the sound could detect a stone. The man was much relieved by the operation, but some pain continued about the neck

\* For the particulars of an important case, in which, as in the above, two calculi had, by rubbing against each other, acquired several smooth sides, the reader is referred to the *Medical Times and Gazette* for July 30, 1863, page 100. In it, as in the above, strong suspicions were aroused that there must be more than two present, but in each the autopsy made it certain that such was not the case.

of the bladder until nine days after the operation, when two calculi, the size of filberts, escaped spontaneously by the wound. From this time all irritation ceased, and he has made very good progress. The wound is very nearly healed, and he has left the hospital, able to pass his urine by the natural way, without the use of an instrument.

**Lithotomy.**—A man, aged 74, asthmatic and in poor health, was admitted, on August 24, into St. Bartholomew's Hospital, under the care of Mr. Paget. He had suffered symptoms of stone for nearly two years, but no stone had been discovered previous to his admission. A large calculus having been detected, Mr. Paget commenced treatment by lithotomy, the man being in so feeble a condition that it was not thought advisable to perform lithotomy. The bladder was contracted, and so irritable, that the patient was accustomed to empty it every ten minutes. Between August 23 and October 30, six crushings were practised, and a large quantity of fragments removed. The first three operations were without chloroform, but in the three latter ones it was employed, and with great relief to the patient. The case remains under treatment, but the man has probably got rid of most of the stone; he is improving in health.

**Herniotomy.**—Case 4 of last month's report, was erroneously described as "oblique inguinal;" it should have been femoral. The two cases left under treatment last month both recovered.

Number of cases, 11; recovered, 4; under treatment, 5; died, 2.

**Case 1.** A lad, aged 17, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. He had been subject to oblique inguinal hernia for three years, but had never worn a truss. Fourteen days before admission, the tumour had much increased in size. Symptoms of strangulation for 60 hours. The stricture being at the neck of the sac, the latter was opened; it was found to contain much serum, and some congested intestine. His recovery was interrupted. **Case 2.** A woman, aged 59, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral, strangulated 40 hours; about the size of a pigeon's egg. The woman was extremely ill, having all the symptoms of advancing peritonitis. The sac was opened, and found to contain extravasated blood, and a knuckle of much congested and adherent intestine. After

the operation, free opium treatment was pursued, and, in spite of the unhopefulness of her state, a good recovery followed.

**Case 3.** A lad, aged 17, under the care of Mr. Quain, in University College Hospital, on account of an oblique inguinal hernia, as large as a goose's egg, and strangulated four days. The sac was opened, and found to contain small intestine. Recovered. **Case**

**4.** A woman, aged 36, under the care of Mr. Quain, in University College Hospital.

Hernia femoral, of large size, and strangulated two days. The taxis had been very forcibly attempted prior to admission. The skin was of a dusky-red colour, and the cellular tissue contained much coloured serum. On approaching the bowel, a fetid smell was distinctly perceptible. The sac was opened, and was found to contain small intestine, which was brown in colour, but had not entirely lost its polish. The stricture was very tight. Peritonitis followed the operation, and the woman was, at the time of report, still in a critical state. **Case**

**5.** A woman, aged 24, was admitted into the London Hospital, on account of strangulated femoral hernia. She had for a year been liable to hernia, but the present protrusion had come down after an attack of diarrhoea, and had been strangulated about thirty hours. The operation was performed by Mr. Corner (House-Surgeon). The sac was not opened. Opium treatment afterwards. Bowels acted spontaneously on the sixth day. Recovered, without any ill symptoms. **Case 6.** A woman, aged 36,

under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated six hours; size of a walnut. The sac was opened, and was found to contain only omentum; the latter being adherent. The adhesions were divided, and the omentum returned. Doing well. **Case 7.**

A woman, aged 39, under the care of Mr. Paget, in St. Bartholomew's Hospital. Hernia femoral; size of a small nut; strangulated three days. Division of the cribriform fascia sufficed to permit of reduction being effected. Doing well. **Case 8.**

A woman, aged 51, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated twenty hours; size of a large walnut. Sac not opened. Doing well. **Case 9.**

A man, aged 50, under the care of Mr. Hilton, in Guy's Hospital, on account of a scrotal hernia; of pyriform shape, and larger than a man's head. He

had not been liable to it for twelve years, and a considerable mass had for a long time been irreducible. Mr. Hilton and Mr. Callaway both made patient attempts to effect reduction by the taxis, and, subsequently, ice was applied, and opium freely given. Under these means the more urgent symptoms passed by, but still the mass could not be made to diminish. During the night following his admission, and about seventeen hours after strangulation had commenced, collapse suddenly came on, and it was then deemed necessary to operate at once. This was done without giving chloroform, and without removing the patient from his bed. The sac was opened, and found to contain large coils of small intestine, some omentum, and a considerable length of the colon, the latter being firmly adherent. There was much fluid in the sac, and its contents were greatly congealed. The man was sick almost directly after the operation. He never rallied from the collapse, and about an hour afterwards died. No autopsy was permitted. *Case 10.* A very feeble woman, aged 73, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of double femoral hernia, the protrusion on the right side being strangulated. There had been symptoms of obstruction for three days, and vomiting had been present for thirty-six hours. Great depression. Immediate operation was performed; the sac being opened, a portion of omentum and some small intestine were returned. During the next twelve hours there was relief to the pain and vomiting, but, subsequently, the symptoms recurred, and continued until the time of death, five days afterwards. As the symptoms had not indicated any particular locality as the probable seat of obstruction, no further operative procedure had been deemed warrantable. At the autopsy, the portion of small intestine which had been down was found congested, but free, and quite pervious. The transverse colon was greatly distended, and adhered firmly to the margin of the right femoral ring. The left hernia was reducible. The colon appeared to be constricted by the bands of adhesion, and contained much fecal matter above this point, but none below. *Case 11.* A feeble, paralytic old man, aged 77, was admitted into the London Hospital, on account of a large scrotal hernia, which had been strangulated for twelve hours. He was almost

in collapse, and it was not deemed advisable to administer chloroform. The operation was performed by Mr. Hill (House-Surgeon); the sac was not opened. A portion of what was believed to be omentum was left in the sac. The man passed a quiet night afterwards, but sank and died about noon the following day. At the autopsy, about fifteen inches of the jejunum were found claret-coloured, but retaining lustre and resiliency; a quantity of bloody serum occupied the pelvic cavity, and in the hernial sac was a large mass of healthy omentum, which was slightly adherent.—*Med. Times and Gaz.*, Nov. 17, 1855.

*Ligature of Arteries.—Case 1.* A pale, cachectic man, aged 33, admitted under the care of Mr. Paget, into St. Bartholomew's Hospital, on account of a popliteal aneurism. The tumour was the size of a large egg, and beat forcibly. Ligature of the femoral artery was practised on the second day after admission. The man made a good recovery, and has since left the hospital quite well.

*Case 2.* A man, aged 25, a jockey, was admitted into St. Mary's Hospital, on account of an aneurism in the left popliteal space. Pain had been first noticed, without assignable cause, three weeks before admission. The knee-joint contained fluid, and was, together with the leg generally, much swollen. The limb was kept semiflexed, and there was great pain. Bleeding was practised, and digitalis administered. The patient was very irritable, the knee became more painful, and the aneurism rapidly increased in size. On the third day after admission, ligature of the femoral was practised. The temperature of the limb, which had fallen somewhat, was quite regained three days after the operation. At the date of report (one month after) the ligature had not come away, but the wound was nearly healed, the man being in good health, and the tumour quite pulseless.

*Compression Treatment of Aneurism.—*A pale, thin man, aged 46, and by trade a basket-maker, is under Mr. Ferguson's care, in King's College Hospital, on account of aneurism of the right popliteal artery. It was, on admission, about the size of an orange, and was believed, from the history, to have existed for ten weeks. Compression treatment, by means of Carte's apparatus, was commenced on October 25. No medicinal or dietetic measures. The apparatus is used in the day only, and quite laid



aside at night. On the sixth day of treatment, the tumour was about half the size it was at first, and since then it has steadily diminished, becoming also firmer. The man suffers nothing whatever from the treatment, and always sleeps well.

*Amputations.*—In Case 5 of last month's report, death has since occurred.

Number of cases, 16; recovered, 6; under treatment, 5; died, 5.

*Of the Thigh.*—Case 1. A pale and sickly lad, aged 17, under the care of Mr. Ward, in the London Hospital, on account of necrosis of the shaft of the tibia, and disease of the ankle-joint. He was sinking from the profuse discharge, and it was evident that any further attempt to save the limb would endanger life. The disease had existed for eight months. Amputation above the knee. Recovery. Examination of the limb showed the whole shaft of tibia necrosed, and a small opening from its cavity communicating with the ankle-joint. Very little substitute shell had been produced.

Case 2. A man, aged 21, under the care of Mr. Erichsen, in University College Hospital, on account of strumous disease in the head of the tibia, and consequent disease of the knee-joint. Amputation through the thigh. Doing well. A mass of tubercle was found infiltrated into the cancellous structure of the bone.

Case 3. A lad, aged 16, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of ankylosis of the knee, after unreduced dislocation of the tibia two years before. He was ill for a few days after the amputation, but has since done well, and the stump is now nearly healed. The cartilages of the knee-joint were found to have been quite removed by ulceration, though there had never been any external abscess.

Case 4. A man, aged 42, of very intemperate habits, was admitted, under Mr. Hilton's care, into Guy's Hospital, on account of a compound fracture of the leg, laying open the ankle-joint. He refused to submit to primary amputation. Erysipelas attacked the limb, and occasioned extensive suppuration among the muscles. On the tenth day, the man consented to have the limb removed. He was now reduced to an extreme degree of debility, and death during the operation was much feared. Amputation above the knee. Since the operation, enormous quantities of stimulants have been given, and by their help, there is now every reason to expect

a favourable result. Case 5. A boy, aged 13, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. Circular amputation. Recovery. The joint was found to be quite disorganized. Case 6. A healthy man, aged 24, under the care of Mr. Hilton, on account of compound and comminuted fracture of the leg from a railway accident. Primary amputation. Death from phlebitis in the fourth week.

*Of the Leg.*—Case 7. A lad, aged 20, under the care of Mr. Cutler, in St. George's Hospital, on account of extensive disease of the tarsus. He was in good health, and has recovered well. Case 8. A man, aged 24, in good health, under Mr. Johnson's care, in St. George's Hospital, on account of diseased tarsus. Is nearly well. Case 9. A man, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of disease of the os calcis, astragalus, and ankle-joint. Chopart's amputation, on account of disease of the front row of tarsal bones, had been performed a year ago, and the stump had never healed. Circular amputation through the leg. Doing well. Case 10. A man, aged 39, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of crushed foot, from a railway accident. Primary amputation. The man is very ill; will probably sink from pyæmia. He has had numerous secondary abscesses.\*

*Of the Foot.*—Case 11. A woman, in fair health, aged 27, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. Amputation at the ankle-joint was performed, the articular surface of tibia being sawn away. No sloughing of the flap followed, and an excellent stump will probably be obtained. Healing is, however, not yet complete, and exfoliation of a spicule of bone is expected. Case 12. A woman, aged 25, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. She was in feeble health, and the subject of incipient phthisis. Amputation at the ankle-joint was performed. Subsequently, the signs of pyæmia showed themselves, and a large abscess formed in the back. Death on the thirty-sixth day. No secondary deposits were found at the *post-mortem*, but there was a

\* Since the above was in type death has taken place.

small vomica in the apex of one lung, and scattered tubercles in both.

*Of the Upper Extremity.*—*Case 13.* A lad, aged 17, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of severe injuries to the right forearm. Just enough integument was left to allow of amputation below the elbow. Recovered. *Case 14.* A butcher, aged 26, admitted, under Mr. Lawrence's care, into St. Bartholomew's Hospital, having, whilst cleaving meat, all but severed his own hand through the carpus. The first row of carpal bones was all that required removal to effect an amputation at the wrist-joint. The flap was obtained from the palm. Some sloughing of the flap followed, but the stump is now granulating well. *Case 15.* A man, aged 41, under the care of Mr. Tatum, in St. George's Hospital, on account of extensive injury to the forearm and elbow, from the discharge of a gun close to him. He was a farm-labourer, and in good health. Primary amputation through the upper arm. Sloughing of the stump has since occurred, and, on two occasions, slight attacks of secondary hemorrhage. He is in a critical state. *Case 16.* A healthy man, aged 52, admitted, under the care of Mr. Birkett, into Guy's Hospital, having sustained a compound fracture of the right humerus, high up, with much laceration of parts. Primary amputation was performed, the articular head of the bone only being left. Secondary hemorrhage followed, and the whole stump took on sloughing. Death occurred on the twelfth day. At the autopsy, the internal viscera were found healthy.

*Excisions of Bones and Joints.*—*Case 1.* A girl, aged 6 years, in good health, under the care of Mr. Fergusson, in King's College Hospital, on account of strumous disease of the left elbow-joint. There was much surrounding thickening. The H-shaped incision was adopted, and the whole joint removed. The parts are now (six weeks) nearly healed, but considerable thickening, and some sinuses, still remain.

*Case 2.* A woman, aged 40, under the care of Mr. Simon, in St. Thomas's Hospital, on account of destructive disease of the elbow-joint. She had suffered much pain, and was greatly emaciated. The whole articulation was excised. Almost

immediately after the operation she began to recover her health. The healing progressed well, and, at the end of a month, the wounds were nearly closed, when suddenly they became attacked by phagedæna, which ulcerated rapidly. Under treatment.

*Case 3.* A girl, aged 17, under the care of Mr. Canton, in the Charing-Cross Hospital, on account of diseased elbow-joint, consequent on a fracture of the olecranon. When admitted, she had just recovered from smallpox, by which the mischief in the joint had been much aggravated. There were several large, superficial ulcers over the joint, from which sinuses passed into its interior. Excision of the whole joint, by the H-shaped incision, was practised. Extensive sloughing of the soft parts occurred on the fourth day, laying open the wound to such a degree, that it was feared amputation would be the only resource. Since then, the process of granulation has gone on most rapidly, and a useful arm is now expected.

*Case 4.* A woman, aged 22, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased ankle-joint. She was in good health, and, although three open sinuses led into the articulation, yet there did not appear to be any disease of adjacent bones. Excision of the joint was performed. A flap of skin was dissected up from its front aspect; the tendons being uninjured, the ligaments were next divided, and the outer malleolus having been snipped off, the foot was dislocated inwards. The surfaces of the tibia and astragalus were next sawn away, and the parts replaced in apposition. No bad symptom has followed, and the case promises to do remarkably well.

*Case 5.* A man, aged 28, was admitted, under the care of Mr. Birkett, into Guy's Hospital, in June last, on account of a severe compound fracture of the leg. The limb was so much damaged, that it was not practicable to keep it properly adjusted, and the consequence was that imperfect union, with overlapping, and much deformity, had resulted. On October 16, Mr. Birkett exposed and sawed away the extremities of both bones, and effected a readjustment. The man has since progressed satisfactorily, but the result is yet doubtful.

*Case 6.* A man, aged 47, under Mr. Fergusson's care, in King's College Hospital, on account of the projection of a fractured extremity of the tibia. The bones had united, but the end projected nearly through

\* Since the above was in type death has taken place.

the skin. The fracture, which was compound, had occurred nine months before. Mr. Fergusson cut down upon the bone, and sawed away its point. The wound healed well.

*Case 7.* A sailor, aged 23, is under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the metatarsal bone of the left great toe. On August 21 about the distal third of the bone, in a carious condition, was cut away. The wound did not heal, and, during the present month, the sesamoid bones, and some adjacent portions in a diseased condition, have been taken away. Under treatment.

*Excision of the Breast.—Case 1.* A woman, aged 49, under the care of Mr. Shaw, in the Middlesex Hospital, having had the breast removed, on account of scirrhus, in April, 1855. She had remained well for four months after the operation, when a reproduction of the disease took place in the cicatrix. Excision of the returned growth. Doing well. *Case 2.* A woman, aged 52, in feeble health, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a scirrhus growth in the breast, the size of an orange. Excision. Recovery. *Case 3.* A woman, in good health, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of scirrhus of the breast, involving the skin. Excision. Recovery. *Case 4.* A married woman, aged 47, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltrating cancer of the whole gland. Ulceration was threatening, and the lymphatics were enlarged. Excision. Recovery. *Case 5.* A healthy married woman, aged 46, under Mr. Birkett's care, in Guy's Hospital. The clavicular lobes were infiltrated with scirrhus. Excision. Recovery. *Case 6.* A healthy married woman, aged 40, under Mr. Birkett's care, in Guy's Hospital. The axillary lobes of the breast were infiltrated with scirrhus. Excision. Recovery. *Case 7.* A healthy married woman, aged 54, under Mr. Birkett's care, in Guy's Hospital. Half the gland was excised, the disease, which was of the infiltrated form, being limited to the axillary lobes. Recovery. *Case 8.* A feeble woman, aged 55, under the care of Mr. G. Borlase Childs, in the Metropolitan Free Hospital, on account of a large, ulcerated scirrhus of the right breast. Excision. Recovery.

*Removal of Malignant Tumours.—Case*

*1.* A chimney-sweep, of middle age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a small, cancerous growth on the scrotum. Excision. Recovery. *Case 2.* A chimney-sweep, aged 32, under the care of Mr. Lane, in St. Mary's Hospital, on account of cancer scroti. Excision. Recovery. *Case 3.* A man, aged 57, under the care of Mr. Fergusson, in King's College Hospital, on account of cancer of the lip, of three years' standing. Excision. Recovery. *Case 4.* A man, aged 70, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of cancer of the lip, of twelve years' duration. Excision. Recovery. *Case 5.* A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of a patch of black deposit, probably melanotic, in the skin, over the right mammary gland. Having increased in spite of treatment by escharotics, the whole was excised. Recovered. *Case 6.* A woman, aged 28, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large tumour, of enchondromatous nature, over the dorsum of the ilium, just above the sciatic notch. It had been noticed three months, but was rapidly increasing. At the patient's desire, an excision was performed. Microscopic examination made it probable that parts of it were of malignant nature. It is now again rapidly growing. A large portion of ilium is exfoliating, and the patient will probably sink.

*Removal of Non-Malignant Tumours.—*

*Case 1.* A woman, aged 36, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of a solidified bursa over the patella, the size of a small orange. It had existed for fifteen years. Excision. Recovery. *Case 2.* A woman, aged 26, under Mr. Hilton's care, in Guy's Hospital, on account of a large and indurated bursa over the patella. It had been enlarged for two years, and was the size of an orange. Excision. There has since been much suppuration. The case remains under cure. Both in this and the former, the excision was performed by incisions directly over the front of the tumour. *Cases 3, 4, and 5.* In these, fatty tumours of considerable size were removed. All the patients recovered. *Cases 6 and 7.* In these, large sebaceous tumours were removed, and the patients recovered well. *Case 8.* A man, aged 44, under the care of Mr. Lane, in St. Mary's Hospital, on account of fibrous tumours

over the tuberosities of the ischia. They had existed seven or eight months, and had been so painful as to prevent him from sitting. One of a similar nature, had a month ago been removed from over the sacrum. Excision. Doing well. *Case 9.* A woman, aged 63, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of a chronic mammary tumour, the size of a small orange. Excision. Recovery. *Case 10.* A boy, aged 10, under the care of Mr. Quain, in University College Hospital, on account of a large lobulated tumour. He was in good health. The exact nature of this growth it was difficult to determine, but it was probably of glandular origin. Under treatment. *Case 11.* A woman, aged 57, under the care of Mr. Luke, in the London Hospital, on account of a small and exquisitely painful tumour, the size of a filbert, in the areolar tissue of the leg. It was believed to be a neuroma. Excision. Recovery. *Case 12.* A woman, aged 32, married, but sterile, under the care of Mr. Birkett, in Guy's Hospital, on account of a mammary glandular tumour about the size of a small orange. It was removed, and excepting very troublesome abscesses in the breast afterwards, the woman recovered well.—*Ibid.*, Nov. 24, 1855.

*Laryngotomy and Tracheotomy.*—The case mentioned two months ago, as under Mr. Partridge's care, in King's College Hospital, and in which tracheotomy had been performed, on account of the impaction of a button in the larynx, still remains under treatment. The button has not been removed, or, indeed, found, although a bit of string which was attached to it has come away. The child is in good health, and quite comfortable so long as the tube is kept in the trachea, but, on one occasion, in which it had been removed for two hours, death from suffocation all but followed.

*Case 1.* A male child, aged 16 months, was admitted into the London Hospital one evening, with the statement that, while at breakfast in the morning, it had swallowed a piece of fish, which, at the time, caused symptoms of choking. The mother, at the time, passed her finger into the throat, and, by also beating it on the back, succeeded in obtaining some relief. A surgeon, to whom the child was taken, ordered an emetic, the action of which procured the expulsion of a piece of fish-bone, and almost complete mitigation of symptoms. During the middle

of the day the child played about, and, at noon, ate a hearty dinner. Towards evening, however, cough came on, and symptoms of obstruction in the larynx rapidly developed themselves. When admitted, at 7 P. M., he was sunken and much oppressed; the respiration was crowing. An emetic was employed, and afterwards a warm-bath, which giving no relief, Mr. Corner, the House-Surgeon on duty, performed tracheotomy. No blood was lost; and as soon as the tube was introduced, relief to the more urgent symptoms was obtained. An examination, by means of a probe, was made, both of the larynx and the trachea below, but no foreign body could be detected. The child rallied, and about midnight seemed in a favourable condition. A sinapium was ordered to the chest on account of the presence of bronchitic râles. At half-past three in the morning Mr. Corner was summoned, with the account that the breathing had been worse, and, on reaching the ward, found the child dead. No *post-mortem* was permitted; but, by examination through the wound, two pieces of fish-bone were found firmly fixed between the vocal cords.

*Case 2.* A man, of middle age, under care in St. George's Hospital, had suffered from threatening attacks of suffocative dyspnoea, in connection with chronic disease of the larynx. As a precautionary measure, the larynx was opened after one of these. Mr. Tatum was the operator. The tube was used for a few days, and then removed. The wound has healed, and the breathing is more comfortable.

*Case 3.* A man, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a bronchocele, by which the trachea had been compressed. To relieve the dyspnoea, laryngotomy was performed. The patient sank twelve hours after the operation; and, at the *post-mortem*, the trachea was found compressed laterally to a mere chink.

*Case 4.* A man, under care in St. Thomas's Hospital, on account of syphilitic disease of the larynx. He had been under treatment several days, when dyspnoea became so urgent, that tracheotomy was demanded. It was performed by Mr. Ord (House-Surgeon), and produced immediate relief. The man is now (three weeks after the operation) doing well. The tube is still retained, and he is unable to breathe when it is closed.



**Case 5.** A man, aged 55, was admitted into St. Bartholomew's Hospital, suffering from laryngitis, which threatened suffocation, and which had, from the history, only commenced a few hours before. The urgency of the case rapidly increased, and within a short period of his admission, tracheotomy was decided on. At this time he could not speak, and every minute threatened to be his last. Whilst the preparations for the operation were making, he ceased to breathe, and, although Mr. Lloyd proceeded immediately to its completion, it was not afterwards found practicable to rally him. Artificial respiration was tried. At the autopsy, great œdema of the submucous tissue of the glottis was found.

**Operations for Necrosed Bone.**—In eight cases, operations for the removal of sequestra, from long bones affected with necrosis, have been performed. In several, large fragments have been removed. All the patients remain under care, and are doing well.

**Excision of Nerve.**—A man, of middle age, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of painful stump. Amputation, by flaps, just below the elbow, had been performed fifteen years before, and for the last year he had suffered much pain in one part of the stump. Mr. Stanley excised a bulbous extremity of a nerve from the part affected. The pain has been wholly removed, and the wound is healing.

**Trephining for Abscess in Bone.**—**Case 1.** An Irish labourer, aged 28, admitted into the London Hospital, under the care of Mr. Critchett, having for several years suffered from severe pain in the upper part of the right tibia. The pain had been extremely severe, and had evidently worn down the general health; it had, however, had occasional remissions. He had been under care at several hospitals. The tibia was felt and seen to be generally enlarged, for about three inches below its tubercle; there was increased heat of the part, but not much redness. Great tenderness on firm pressure. Having diagnosed abscess in the bone, Mr. Critchett performed the operation of trephining over the most painful spot. A disk of hardened bone having been removed, about half an ounce of thick, creamy pus, without odour, welled up. The cavity did not contain any loose or bare bone, but was lined throughout by villous granulations.

The pain has wholly ceased since the operation, but the cavity is not yet filled up.

**Case 2.** A girl, aged 10, under Mr. Stanley's care, in St. Bartholomew's Hospital, with diseased tibia. Necrosis was believed to exist, and the abscess had already opened itself externally. A large opening, 4 inches long, was made, but no dead bone was found, the disease being merely abscess in the cancellous tissue. The parts were rapidly filling up.

**Case 3.** A young man, under the care of Mr. Quain, in University College Hospital, on account of chronic inflammation of the whole radius, the result of injury. He had suffered much pain, and had been subjected to long treatment by leeches, blistering, iodide of potassium, and mercurials. The bone was much enlarged. Mr. Quain employed the trephine in three different places, but no abscess was found. The patient has since continued to suffer much from pain and from spasmodic contraction of the fingers. It is proposed to amputate.

**Operations for Ununited Fracture.**—In a case of ununited fracture of the femur, under the care of Mr. Erichsen, in University College Hospital, a second operation, by the introduction of ivory pegs, has been performed. The first was about eight months ago, when a peg was put into the upper fragment. On the present occasion, the lower one was treated in the same manner.

A case of ununited fracture of both bones of the leg, mentioned in our reports six months ago, remains under the care of Mr. Critchett, in the London Hospital. It is hoped that consolidation is taking place.

**Operations for Urethral Stricture.**—**Case 1.** A man, aged 33, in very bad health, for years the subject of stricture, perineal fistula, etc., was admitted under the care of Mr. Paget, into St. Bartholomew's Hospital. Having succeeded in dilating the urethra until it would admit a sound, Mr. Paget performed perineal section on a Syme's staff (No. 2). The perineum having been freely divided in the median line, a gristly stricture, an inch and a half long, from the membranous portion forwards, was cut through. A No. 8 silver catheter was afterwards retained. The man has done well, and the wound is healing.

**Case 2.** In an old man, under the care of Mr. Erichsen, in University College Hospital, internal section of a stricture has been

performed. Ricord's instrument was employed. Under treatment.

*Case 3.* A man, aged 27, under the care of Mr. Fergusson, in King's College Hospital, having suffered from stricture, consequent on gonorrhœa, for eight months. Four months before admission, he had an attack of retention, which ended in extravasation, and extensive abscesses in the perineum. No instruments had been used prior to his admission. He was a pale, unhealthy-looking man, by trade a smith, and residing at Ipswich. Most of his urine passed by a fistulous opening into the rectum, but there were several other fistulæ in the perineum. None escaped by the penis, except now and then an involuntary dribbling. Mr. Fergusson failed many times in his attempts to introduce a catheter, but at length succeeded in forcing a No. 3, having a groove in its convexity, on which perineal section of the stricture was subsequently performed. A No. 8 silver instrument was afterwards passed and retained. The man did well, with the exception of a rigor, and much feverishness on the fourth day, from which he remained ill several days following. The instrument has been several times changed, and is now laid aside. The wound is healing.

*Case 4.* A man, aged 62, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of a very old stricture. There were several fistulæ passing through the scrotum, and one opening in the pubes, through which most of the urine escaped. He had passed no water by the meatus for eight years. The deformity of the parts was very great, the scrotum being puckered up by the fistulæ passing through it. After much trouble, dilatation up to No. 5 was accomplished. On October 16, the stricture was divided on a grooved staff, and the fistulæ freely laid open, the scrotum being thus divided into two lateral halves. A No. 8 silver catheter was afterwards retained. The progress of the case has been satisfactory, and the wounds are healing well.

*Plastic Operations.*—*Case 1.* A girl, aged 18, under Mr. Fergusson's care, in King's College Hospital, on account of cleft of the posterior half of the soft palate. Twelve years ago, the edges had been cauterized, but no benefit was obtained. Mr. Fergusson pared the edges, and united them by sutures. The anterior part healed, but the lower part again separated. *Case 2.* An infant, aged

10 days, under the care of Mr. Cock, in Guy's Hospital, on account of fissure in the palate, and widely gaping single harelip. The usual operation was performed with success. *Case 3.* A girl, aged 4, under Mr. Birkett's care, in Guy's Hospital, on account of the contracted cicatrix of a burn in the neck. The cicatrix was divided, but the result has not been satisfactory. *Case 4.* A woman, aged 43, under the care of Mr. Baker Brown, in St. Mary's Hospital, on account of vaginal cystocele. The usual operation was performed. Erysipelas set in on the third day, but subsided under treatment. On the ninth day, she was taken by rather sudden collapse, and died. No post-mortem permitted. *Case 5.* A woman, under the care of Mr. Baker Brown, on account of ruptured perineum and vesico-vaginal fistula. The perineum has been successfully united by the usual operation, but the fistula remains for further treatment. *Case 6.* A man, aged 25, under the care of Mr. Henry, in the Middlesex Hospital, on account of fungous protrusion of the testis. The fungus was the size of a hen's egg. The edges of the skin were dissected up, pared, and united. The wound partly healed, but the testis still partly protrudes.

*Operation for Pulsating Navus.*—A child, aged 18 months, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital, on account of a subcutaneous erectile tumour in the right lower eyelid and cheek. It had existed from birth, but was increasing in size so much, as by dragging down the lids to almost close the eye. It had been under treatment at several other hospitals. The skin was not affected, except in having one or two tortuous veins. The pulsation was feeble, and though very distinct, could scarcely be felt. The tumour could only be partially emptied by pressure, and rapidly refilled when the compression was removed. The operation consisted in carrying a curved incision the whole length of the lid, about an inch below its edge, and then dissecting up the flap of skin. By means of an aneurism-needle, ligatures were next passed beneath the parts from which the tumour seemed to derive its vascular supply. Its adhesions having then been torn through in various directions with a blunt instrument, large parts of it were cut away. The bleeding was, easily checked. No secondary hemorrhage occurred, and the wound has healed well, leaving of course,

for the present, a large scar. The tumour proved to consist, in part, of dilated tortuous veins, in part of true erectile tissue, and in part of lobules of fibrous tissue containing fat.

**Removal of Exostosis.**—A boy, aged 10, under the care of Mr. Cock, in Guy's Hospital; on account of an exostosis, the size of a finger tip, growing from the first phalanx of the great toe. It was cut away with a strong bladed knife. The wound has healed. —*Medical Times and Gazette*, Nov. 17 and 24, and Dec. 1.

**Lecture on Tracheotomy in the Last Stage of Croup.** By A. TROUSSEAU. (Translated by Dr. BEYLARD.)—The operation of tracheotomy in the last stage of croup, honourably brought forward by my master, Dr. Bretonneau, and practised by him for the first time with success, was introduced by me in Paris, when it counted indeed but a single cure, and it is easy to imagine what struggles I have had to encounter in propagating and forcing into the province of ordinary therapeutics, so strange and unknown a practice.

It is singular, but not the less true, that surgery has placed the most formidable obstacles in my way; and even at the present time, with the exception of Dr. Guersant, most surgeons dislike this operation, certainly not from the want of sufficient skill to accomplish it well, but because they are not sure of a satisfactory proportion of cures.

In certain European countries, and in England particularly, tracheotomy in cases of croup is still so isolated an operation, that in all Great Britain it is not so much practised as in Paris alone.

I have often asked myself the reason of so much repugnance, and I find it in this completely false idea, viz: that tracheotomy in the last stage of croup is rarely successful. Unfortunately, when there is a question of surgical operation, much faith is placed in the opinion of surgeons of high repute; and if these eminent men speak of their own operations, invoking their own experience, they have so many failures to relate that their discouragement overshadows the mind of their readers.

Now, if men like Dr. Bretonneau and myself, who have only practised medicine, wish to oppose the most eminent surgeons, what authority could we invoke? Our surgical experience, which we do not en-

deavour to dissimulate, is known, and our partiality with regard to an operation which we continue to recommend, perhaps obstinately, is mistrusted.

I am firmly decided, for my part, not to be discouraged, but to advocate tracheotomy with so much the more conviction as the proportion of successful cases increase; and if that proportion remained even as it was ten years ago, I would still proclaim the necessity of tracheotomy, and I would not cease to uphold it as a duty, a duty as imperative for a surgeon as the ligature of the carotid artery after a wound of that vessel, even if death followed the operation as often as the cure.

Here are the results of my operations for tracheotomy during the year 1834: I operated on nine children. Of these, two died, while seven were cured, and are now living in perfect health.

Certainly, the proportion of cured is not always so great; still, if I make the sum total of the operations I have performed in the last four years, I find twenty-four operations and fourteen cures, equivalent to more than half.

At the Hôpital des Enfants Malades, in the last five years, the proportion of cures has been nearly a quarter. Here are the official numbers, viz:—

1830	20 operations	6 cures, about 1-3d.
1831	31 "	12 " more than 1-3d.
1832	59 "	11 " less than 1-5th.
1833	61 "	7 " only 1-9th.
1834	44 "	11 " only 1-4th.
Total, 215	"	47 " about 1-4th.

This result is considerable, if we remember the social condition of the children who are brought to the hospital, the deplorable treatment they are subjected to by "sage-femmes," quacks, etc.; in a word, those persons the poor generally consult in preference to doctors. We should bear in mind, too, the unfavourable condition of the hospital, where the children operated upon are placed in the midst of the most varied and fatal contagion; so much so, that often when the operation for tracheotomy is succeeding as well as could be desired; the scarlet fever, measles, smallpox, or whooping-cough, cause the most fearful complications.

I do not doubt that half the operations performed out of hospital are successful, always provided tracheotomy takes place when the chances of cure are possible.

This restriction is important; for, if the

diphtheritic infection is thoroughly rooted in the system, if the skin, and particularly the cavities of the nose, are invaded by this special phlegmasia; if the quickness of the pulse, delirium, prostration, indicate a profound poison, and if the danger is rather in the general state than in the local lesion of the larynx or of the trachea, certainly the operation should not be tried, for it is invariably fatal; when, however, the local lesion constitutes the principal danger of the disease, no matter at what degree asphyxia has arrived, even if the child has but a few moments to live, tracheotomy succeeds invariably, as well as though it had been tried three or four hours sooner.

Tracheotomy is performed by opening the trachea, and the trachea only. Many practitioners insist upon opening, at the same time, the crico-thyroid region, including the cricoid cartilage and the two first rings of the trachea. It suffices to reflect only for an instant to see that, in so doing, we necessarily penetrate into the larynx itself, and if, as it often happens, the canula remains several days in the wound, there arises a partial necrosis of the cricoid cartilage, and even of the thyroid cartilage, which may become a source of the most serious ulterior symptoms; besides, there may result an incurable alteration of the voice. Therefore, it is necessary to open the trachea, and the trachea only.

The method of operation varies. The most brilliant is that described by Heister (*Institut. Chirurg.*, 2 part. 3, cap. 102, No. IV. p. 722). It consists in penetrating at once into the trachea with a trochar, which is immediately withdrawn, the canula remaining in the wound. Van Swieten prefers the slow and continued operation. The system of operation imagined by my much-regretted friend, Auguste Bérard, resembles the method just indicated, rather than that advised by Heister. He finds the position of the trachea, fixes the tube between the index and medius, and thrusts the bistoury just below the cricoid cartilage, when the whistling of the air proves that he has entered the trachea; he then lengthens the incision below, opening three or four rings of the trachea, introduces rapidly the "dilatateur," and places his canula—the operation of a minute. But, frightful hemorrhage proved to Bérard that the quickest was not always the best method, and in the latter years of his life, he upheld the common and

more sure operation in preference to a more rapid one.

Dr. Paul Guersant had equally adopted the method I call expeditious; but he promptly acknowledged the dangers, and now, although he operates more quickly and better than any of us who are not surgeons, still, he proceeds deliberately, and with sufficient precaution to avoid those serious results which all men eminent in the practice of surgery have acknowledged and proclaimed. I insist the more upon the necessity of making an incision through the successive layers of tissue, separating the vessels and the muscles with the blunt erigna, laying bare the trachea before opening it. As tracheotomy will become the most common of surgical operations, and will, in consequence, be practised oftener by physicians than surgeons; let the patient beware, if a man ignorant of surgery does not feel himself in duty bound to be too slow in his operation. I have never seen precaution the cause of an accident, and often have I witnessed the difficulties and dangers of tracheotomy too quickly performed, even by the hand of a skilful operator.

I have mentioned above the necessity of having the proper instruments. These are, a straight or convex bistoury, a blunt bistoury, a dilator (or instrument to dilate the trachea), two blunt erignas (the latter can easily be replaced by two wires or two bent pins); finally, a double canula, the diameter of which should be sufficiently large, and never too large, provided the instrument enters freely into the trachea. The double canula is absolutely necessary; and truly, when we see in what language Van Swieten (*Comment.*, t. ii., p. 538) insists upon the necessity of a double tube, and cites, for authority, the English author, Martins, we ask how this precept has been forgotten, and how, in spite of the recommendation of Dr. Bretonneau, who, in his earliest operations, used the unbent double canula, we have ourselves remained several years without using it?

Of these instruments, the most indispensable are the ordinary bistoury, the erigna, the dilator, and the double canula. I once lost a patient during the operation: the child was treated by my honourable brother physician, Dr. Barth. I came to the consultation without knowing the disease in question, and found the child dying. Dr. Barth had a canula and bistoury. I could



not separate the vessels as I wished. I had no dilator. I felt a long time before entering into the trachea, while the blood flowed in great quantity in the bronchus, and suffocated the child, which certainly would not have happened had I had a dilator, which would have permitted me to penetrate immediately into the trachea. When once we have penetrated into the windpipe, no matter by what means, let the operation be more or less skilful, more or less rapid, still, the position is the same, provided we avoid hemorrhages—for the loss of blood has a serious influence on the results of the operation.

There now remains the treatment—a question entirely medical, of so much importance, that it will henceforth be dominant. With regard to the treatment, while some invariably lose all their patients, others save more than half. I should be wrong to speak of the intervening treatment alone; great importance should be attached to that mode which the patient has already undergone. Let us confess at once, since it is the truth, that, in our days, physicians are happily convinced that general medicatives and revulsives are perfectly useless; the result is, that they do not weaken their little patients by cupping or bleeding. I am, for my part, well convinced, that if I have been more successful for several years past, it is to be attributed as much to the good direction given to treatment by my fellow practitioners, as to the method I have followed.

The operation once performed, the first duty of the practitioner is to see to the nourishment; that remedy above all essential in most acute maladies, and particularly so in diseases of children. Certainly, abstinence, prescribed by Broussais, and ordered by those practitioners who still cling to the old school, and who keep up the prejudices of their early medical education, is one of the most pernicious helpers of disease; it is the best means of prolonging the infection of the system, and the surest way of facilitating the absorption of exterior miasma and vicious excretions formed by the malady; the surest opponent of that resistance which is the chief aid of convalescence and ultimate cure.

Now, I do not mean that we must fall into the opposite extreme, that we must overfeed the little patients; I only say, that we should satisfy the appetite, if they have any, and even force them to eat, if they show too much repugnance to food. Do not hesi-

tate in employing intimidation; in this case often have I assumed the air of severity, and obliged the child to eat, thus preparing the way to a cure I otherwise judged impossible. Milk, eggs, custards, chocolate, and soups, are the aliments I most insist on. What I have here urged, sufficiently indicates that I most formally proscribe the continuation of those means judged more or less useful before the operation, viz: calomel, alum, emetics, and purges, which are not compatible with the nourishment I advise.

I need not add, that the application of blisters would be pernicious, inasmuch as they would establish a new surface when the specific inflammation would break out, and thus occasion a fatal absorption, which must be avoided at any risk.

When this happens, as it often does, after blisters have been applied, we must, as soon as possible, dress the wound with extract of rhatany or Goulard's cerate, or else rub it with nitrate of silver, if diphtheritic concretions already cover the skin which has so uselessly been laid bare.

I now come to the details of dressing, to which I seem to attach so much importance; but the older I grow, the more I am convinced, that in medicine, the minutiae hold a much more considerable place than is generally supposed. Great care must be taken in placing between the skin and canula a round piece of oiled silk, or India-rubber, in order to prevent the sides of the canula, and the strings which attach it, from irritating the wound.

The patients must be taught to remove and replace the internal canula, which is to be cleaned every two or three hours.

The child's neck must be enveloped in a knitted, woollen scarf, or large piece of muslin, so that he breathes in through the tissue which covers the neck, and inhales the warm air impregnated with the moisture furnished by the breath. This precept is excellent; we thus avoid the drying of the cavity of the canula and of the trachea; we prevent the irritation of the mucous membrane and the formation of hard scabs, analogous to those which form in the cavities of the nose of persons attacked with coryza, scabs which, detaching themselves in complete tubes, or in fragments of tubes, cause terrible fits of suffocation, and sometimes even death, by the occlusion of the canula.

Before Dr. Guersant and I had adopted

this method, we lost numbers of patients by catarrhal pneumonia, and now the result is much less frequent. It is very probable that the introduction of hot and moist air into the bronchi is quite a favourable condition. There is still a practice, without which the cure is rare; I refer to the cauterization of the wound. The first four days the whole surface of the incision should be vigorously rubbed with nitrate of silver once a day; thus we avoid a serious result. I mean the diphtheritic infection of the wound, which covers itself with thick and fetid false membranes. A specific inflammation seizes the surrounding cellular tissue, and developing often a bad species of phlegmonous erysipelas, which becomes the occasion of local gangrene, and, at last, of a violent symptomatic fever, and of a general infection almost always fatal. The fifth day, the surface of the wound is so modified, that the results above indicated are no longer to be feared. There now remains a last and very delicate part of the treatment, to which I wish to call attention for an instant—I refer to the removal of the canula, and the definite occlusion of the wound. We must establish the fact, that the sooner the canula is removed the better. This can rarely be done before the sixth day, as it is seldom necessary to scar it later than the tenth. However, there are cases when the larynx remains completely shut during fifteen, twenty, and even forty-four days, as I saw in the case of a young girl eventually cured.

At the end of the first week we must remove the canula, taking great care not to frighten the child, or make it cry. The poor little sufferers are so accustomed to breathe with ease by artificial means, that when the canula is removed, in order to facilitate the passage of the air through the larynx, they are seized with excessive fear, expressed by agitation, cries, and, in consequence, there is an acceleration of the breathing. The larynx is still a little obstructed, either by false membranes, by mucus, or by a slight tumefaction of the membrane; and then, perhaps, the laryngeal muscles have lost the habit of contracting in harmony with the wants of the respiration. There often results great difficulty from this circumstance. This difficulty disappears well enough in the great number of cases, if we succeed in tranquillizing the little patient; this is the province of the

mother rather than the practitioner. The wound is closed with short strips of court-plaster. If the sound of the cough or the respiration, or the nature of the voice indicate that the opening of the larynx is sufficiently large, we leave the dressing there; but if the air only pass in insufficient quantity, the plaster must be put on; the wound should only be covered with linen and simple cerate, and we wait the next day before closing the wound; if the air do not pass at all, then, we replace the canula, and, two or three days later, make the attempt again.

So soon as the respiration proceeds well, notwithstanding the occlusion of the wound, we should renew the dressing two or three times a day; ordinarily, the opening of the trachea is shut in four or five days; then only remains the exterior wound, which we dress with linen, and which, in its turn, soon heals.

There is a serious difficulty which I have remarked to physicians for a long time, and to which Dr. Archambault has recently called attention, I mean that of swallowing. This difficulty consists in the passage of liquids through the glottis; each effort the patient makes to drink is followed by a violent and convulsive cough, and the liquids, which penetrate into the trachea and the bronchi, flow in abundance by the opening of the canula. Besides the serious inconvenience which may follow from the contact of food with the mucous membrane of the bronchi, there particularly results an insurmountable disgust, and children often die of hunger, in preference to taking their nourishment. So often this complication has been the cause of death after tracheotomy, that I have made great efforts to find a remedy. The best method is, to forbid liquid food. I give to children very thick soup, vermicelli with milk, or with beef-broth, so thick as to be eaten with a fork rather than a spoon, hard-boiled eggs, eggs with milk, occasionally meat in large pieces, and I forbid all drink. If thirst is too ardent, I recommend pure cold water, and I am careful to administer it either long after eating, or immediately before, in order to prevent vomiting. I should remark, however, that the difficulty of which I speak scarcely manifests itself before three or four days after the operation, and that it lasts rarely longer than ten or twelve days. Nevertheless, I have seen it persist much longer with some children.

It would seem that the larynx, which is so open to receive drinks and liquid aliments, should suffice also for the passage of the air necessary for the purposes of respiration; this is not the case, however. If we remove the canula, we perceive that the opening is still insufficient, and even some days later, when we are able to close the wound with court-plaster, these difficulties continue with the same violence.

It is almost impossible to discover the cause of this. Dr. Archambault holds that the child, who has breathed by the canula for some days, loses the habit of freely using those muscles which serve for the occlusion of the larynx, and those which push the food into the œsophagus, and he highly approves the following ingenious method, which consists in momentarily closing the canula with the finger, whilst the patient swallows; thus the child is obliged to use its larynx, and the normal harmony of its organ is re-established.

This little stratagem succeeds well in some cases, but in others it completely fails, and what I have said above proves it; since even when the canula is removed, and the wound is completely closed, yet the difficulty of deglutition continues, although the breathing through the larynx may be perfectly free and regular.

So much for tracheotomy and the means which lead to its success. I have written here nothing which I have not already said and repeated in the periodical journals, and in my lectures at the school of medicine; but often, the commonest things are precisely those which we most neglect, which we the soonest forget, minutiae which we recall to those who are led astray by extraordinary and brilliant operations.—*Med. Times and Gaz.*, Jan. 5, 1856.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Ovum in Ovo*.—E. A. FLEWELLEN, M. D., of Thomaston, Ga., sends us the following example of this, as an addition to those noticed in our numbers for Nov. 1855, and Feb. 1856:—

In the summer of 1854, a goose egg, somewhat remarkable in size and form, was broken, in presence of several persons, to see its contents. It was found to contain

the ordinary yolk and albumen, and another egg, about the size of a hen's egg, with a firm and complete calcareous covering, and unattached to the outer shell. I perforated each end of the inclosed egg, and, on emptying it of its contents, found that it too contained a yolk and albumen.

The inner, and most of the outer shell, are still in my possession.

*Medical Society of East Tennessee*.—A society, with this title, was organized at Knoxville in October last, and the following gentlemen elected officers: *President*, Dr. John J. Moorman. *Vice-Presidents*, Drs. R. H. Hodsden and Sam'l Pride. *Rec. Sec.*, Dr. O. F. Hill. *Cor. Sec.*, Dr. F. A. Ramsey. *Treasurer*, Dr. John L. Atlee.

The code of ethics of the American Medical Association was adopted for the government of the members, and the *Southern Journal of the Medical and Physical Sciences* was adopted as the organ of the Society.

*American Pharmaceutical Association*.—This useful association held its fourth annual meeting, in New York, on the 11th, 12th, and 13th of September last. After transacting a variety of business, it adjourned to meet in Baltimore on the second Tuesday of September, 1856.

The record of their proceedings has been published in a neat pamphlet, comprising, in addition to the minutes of the meeting, an appendix which contains reports of committees on standards for drugs; on the subject of home adulterations; whether any and what amendments are required to the law regulating the importation of drugs and medicines, to render it more efficient, uniform, and advantageous, to the public at large; also an interesting essay, by Ed. S. Wayne, of Cincinnati, on the Growth and Production of Wines in the West, and on Catawba Brandy and Tartar; a paper, by A. P. Sharp, on the Strength of Commercial Muritic and Nitric Acids, and Alcohol; the report of the Executive Committee; the constitution of the Association; list of officers and members, &c.

We observe that the Association offer two prizes:—

1st. *Twenty-three Volumes of the American Journal of Pharmacy.*

For the best essay which shall develop the

commercial history of all drugs indigenous to the United States, as Senega, Spigelia, Serpentina, &c., as regards the manner and places of their collection and preparation for the supply of commerce, the amount annually collected, and the channels through which they enter general commerce.

**2d. Six Volumes of Gmelin's Hand-Book of Chemistry.**

For the best essay on any question relating specially to Pharmacy.

*Committee of Judges.*—Charles Ellis and William Procter, Jr.

All essays contributed for the prizes must be delivered free of charge to Charles Ellis, Philadelphia, on or before the second Tuesday in August, 1856.

*Naval Medical Board.*—A Board of Naval Surgeons will be convened at the Naval Asylum, Philadelphia, on the 1st of March, 1856, for the examination of assistant surgeons for promotion, and of candidates for admission into the medical corps of the Navy.

The following officers will compose the Board:—

*President.*—Surgeon James M. Greene.  
*Members.*—Surgeons Samuel Barrington and John M. Foltz, and Passed Assistant Surgeon Joseph Wilson, *Recording Secretary.*

*The Cincinnati Medical Observer.*—This is the title of a new monthly journal, published in Cincinnati, and edited by Dr. G. Mendenhall, J. A. Murphy, and E. B. Stevens, the two former, professors in Miami Medical College. The characters of the editors afford sufficient guarantees that it will be guided by sound ethical principles, and we wish it all the success it merits.

*American Medical Association.*—The ninth annual meeting of the American Medical Association will be held in the city of Detroit, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations, as soon as they may be appointed; and it is earnestly desired by the Committee of Arrangements, that the ap-

pointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the medical staff of the United States Army and Navy, shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

Medical Journals, &c., please copy.

WILLIAM BRODIE, M.D.,

One of the Secretaries.

DETROIT, Mich.

*University of Michigan*—a Professorship of Homoeopathy.—At a sitting of the Supreme Court of the State of Michigan, in this city (Detroit), January 22d, 1855: Present, a full bench:

A motion was made by C. I. Walker, for the issuing of an alternative *mandamus* compelling the Board of Regents of the University to appoint a Professor of Homoeopathy according to the act of the Legislature, creating the chair, or to show cause why the same is not done.

The case is held under advisement, and also for further authorities in the case.

Since writing the above, we are informed that a *mandamus* has been granted. —*Peninsular Journal of Med.*, Feb. 1856.

*Libel Suit in Michigan.*—The *Peninsular Journal of Med.* for Feb. last, contains



a report of a trial in an action for slander. "The plaintiff or prosecutor in this cause," say the editors, "is one of those hybrids, extruded from the archetypal standard of normal existences, which, without awaiting the period of natural development by the process of gestation, spring full grown into being, on the illicit conjunction of two such bi-sexuous hermaphrodites as Hydropathy and Homœopathy. The first known of him here, was during the blighting influence of cholera, when he emerged from a Wine and Beer Hall, a full length Homœo-Hydropath, making very good headway before a wet sheet, filled with a divine afflatus from the spirit of old Hahnemann.

"The defendant is an honorable member of the profession, admired for his intelligence, respected for his social amenity, and esteemed by his medical associates for the frankness and uprightness of his deportment."

The jury returned a verdict for plaintiff, finding \$300 damages.

Verily, quackery seems to be getting the ascendancy in Michigan.

#### FOREIGN INTELLIGENCE.

*Therapeutic Properties of Ioduret of Gluten.*—Two specimens of this substance were exhibited by M. Gagnage, at a meeting of the Academy of Sciences in July, 1854, but, at that time, the subject was not referred to a committee, as the method of preparing the compound was not then given. M. Gagnage has now, however, communicated the formula for its preparation, along with the result of his experiments, made with the view of ascertaining its mode of action. The most important properties he ascribes to it is that of promoting the assimilation of the iron contained in the food, and which, in certain diseased conditions, is imperfectly or not at all assimilated. On analysis of the alvine evacuations in chlorosis, he asserts that the quantity of iron found in them is much greater than exists in a state of health, and that, under the influence of suitable treatment, during which the ioduret of gluten is administered, this increased proportion gradually diminishes to the normal standard.

The communication has been handed over for inquiry to a committee, composed

of MM. Pelouze, Andral, and C. L. Bernard.—*Gaz. Med.*, June 16, 1855.

*Closure of the Burial Grounds in London.* Dr. LETHBRIDGE, the medical officer of the city of London, in his report, made to the City Commissioner of Sewers (Jan. 8th, 1856), states: "In concluding my report for the last quarter, I must not omit to state that through your influence the last of the city graveyards has been permanently closed. (Applause.) This is matter for congratulation, for, at the commencement of the year 1853, there were sixty-five burial grounds in the city of London. These, together with the vaults of the attached churches, received nearly a thousand corpses annually; but now, at the close of the year 1855, I have the satisfaction to inform you that all of these churchyards are permanently closed. You have, therefore, relieved the city from one of the most prolific sources of pestilential disease."—*Med. Times and Gaz.*, Jan. 12.

*Suicide by Swallowing a Red-Hot Poker.*—On Sunday evening, December 23, at 10 o'clock, a man, in the prime of life, but whose appearance betokened poverty and misery, entered the Grantham Arms, Dyer Street, Leeds, and having called for a pipe, sat down moodily by the fire. Two or three persons were sitting in the room, but the stranger was not heard to speak a word. After sitting thus for ten minutes, the man put a poker into the fire, and when it had become red hot, took it out, and knocked it against the floor to remove any excrescence on it. He then deliberately put the red-hot end of the poker down his throat. The persons present caught hold of him, and having removed the poker from his possession, bathed his mouth with warm water. The man was ultimately removed to the Mendicity office, where every attention was shown him; and, in answer to inquiries as to the cause of the rash act, he only replied that it was a very foolish act, and he did not know what he was doing. His tongue, throat, and under lip, were very much burnt, from the effects of which he died last Friday. The only information that can be gained about the deceased is, that his name is Thomas Barker, and that he came from Bolton, in Lancashire. An inquest was held on the body at the Court House, last Saturday, before John Blackburn, Esq.,

when a verdict was returned—"That Thomas Barker died from the effect of the burns which he had wilfully caused on himself: but there was no evidence to satisfy the jury as to the state of his mind."—*Leeds Mercury*.—*Med. Times and Gaz.*, Jan. 26.

*Death from Chloroform*.—We are informed by Dr. RUTHERFORD, that a death took place in the town of Kelso, on the afternoon of Monday, the 14th instant, after the administration of chloroform to a patient whose leg it was found necessary to amputate.—*Med. Times and Gaz.*, Jan. 26.

*The Three Phases of a Surgeon's Professional Life*.—M. VELPEAU, who, besides being an eminent surgeon, is an excellent and extremely witty speaker, introduced the other day, in his speech on the Use of Setons, at the Academy of Medicine, the following sketch, which our readers will certainly thank us for translating: "In my professional career, there have been, as is the case with most medical men, three successive phases. The first, very short, during which, relying on the teaching of my masters, I readily accepted as the type of truth, and without much controlling scrutiny, what I had been taught. In the second period, that in which the ardour of youth had full scope, I examined more closely into facts, and began to try and strike into new paths, without much minding what I was upsetting in my progress. (At that time, I had strong doubts as to the efficacy of issues and setons, and it would be easy to quote passages from my writings against these therapeutical means.) At last came the third period, when a man begins to commune with himself, looks into the mass of facts which he has collected, and endeavours to test the value of what he has observed, without neglecting the teachings of those who for several centuries have gone before him. The result is, that I am now less averse to issues and setons than I was some years ago."—*Ibid.*

*Swabbing the Larynx*.—At a very interesting and highly instructive meeting of the Pathological Society of London, held one evening last week, a very practical discussion was elicited as to the value of nitrate of silver applied in solution topically to the larynx in cases of severe cough, hoarseness, and irritation of those parts,

with the Mrs. Glass sort of corollary—whether we can ever, in point of fact, catch the sponge at all in the larynx? or whether it slips out of its latitude and longitude into the œsophagus? Dr. Quain, the excellent and ever-active secretary, presented a pathological specimen of a diseased larynx recently removed from a patient at Brompton Hospital; from which it would seem that at least in some forms of phthisical disease above the vocal cords, if not below this part, the sponge or its contents will be found, undoubtedly, to make its way, and act very beneficially. "Swabbing the larynx" does not sound very classically; yet it was of extreme interest to find some of our best men present.—Dr. Bence Jones, Dr. Watson, Mr. Erichsen, Dr. Riedon Bennett, Mr. Arnott, Dr. Peacock—who had all seen more or less of the thing. In London, it may be not unimportant to remark, we have men of a very extensive creed, who profess to cure almost all the evils to which flesh (at least pulmonary or bronchitic flesh) is heir by swabbing out the bronchus of the right or left side, as the case may be, with nitrate of silver; and forty or fifty unhappy children of a morning, at half-a-guinea a piece, is not an uncommon thing for one *séance*, who are all brought with whooping-cough or bronchitis to be swabbed out, and their disease "rectified" by nitrate of silver. Many of these cases, we know, end in laryngitis and death; but if they get worse, then the disease is beyond cure—if they get better, then the "sponge," in spite of the legitimate doctors, has cured them. Mr. Erichsen, who has given the matter considerable attention, said he did not believe the sponge got beyond the chink of the glottis. Dr. Quain thought, in several instances at Brompton, it did. As to its value in some cases of relaxation of the uvula and vocal cords, there seemed no difference of opinion; but whether, as Dr. Horace Green of America represents, it got beyond the vocal chords, the majority seemed to agree with Mr. Erichsen; while Dr. Peacock and Dr. Riedon Bennett thought it very fortunate it did not get into the trachea, for the mischief it already seemed to do in irritable lungs was something enormous. Some historic friend having unluckily referred to its being an old invention, and nothing new under the sun, once adopted by Sir Charles Bell, the president (Mr. Arnott) said he remembered he had been asked by Sir

Charles Bell to do it for him at the Middlesex Hospital, but they never dreamed of going beyond the fauces and upper part of the larynx—a point also corroborated by Dr. Watson, as he also remembered what Sir Charles Bell thought about it. Sir Charles Bell, we need hardly say, was nothing of a practitioner, though his one physiological discovery leaves his name a household word to us all for all time. Dr. Pollock created some amusement by saying he had seen Dr. Green, this tall American, offer to try the experiment at Brompton, and, very quietly, after he had got the sponge somewhere, ask, "now take your choice, which shall I put it into, the right lung or the left." This little sally seemed to cap the climax of the absurdity of the swabbing process, and we shall probably hear no more about it.—*Dublin Med. Press*, Jan. 20, 1856.

*Alleged Cure for Hydrophobia.*—M. GURIN MENEVILLE lately brought before the French Academy of Sciences a means of curing hydrophobia, which, he stated, is practised in Russia with success. A little insect, the golden cetonides, found in considerable quantities on rose trees, is proved, when pounded to a powder, and administered internally, to produce a profound sleep, which sometimes lasts for thirty-six hours, and which has the effect, in many cases, of completely nullifying the hydrophobic affection. A distinguished entomologist of Russia, M. Motschouaki, has tried several experiments with this insect, and in most cases with success.—*Lancet*, Feb. 2, 1856.

*American Arctic Expedition.*—At the meeting of the Royal Geographical Society on Monday, Admiral Beechey presiding, an interesting communication was read, from Dr. Kane, relative to his Arctic expedition in search of Sir John Franklin and his crew, to the Secretary of the United States Navy. After some discussion, in which the greatest praise was given to Dr. Kane and his gallant companions, a wish was expressed by Captain Osborne, that when the war concludes, efforts may yet be made to find the bones of Captain Franklin and his crew, and do honour to their remains. The meeting concluded with the somewhat unusual demonstration in a scientific society, of three cheers for Dr. Kane and his party, and three cheers for those enterprising men

who fitted out the expedition.—*Med. Times and Gaz.*, Jan. 19, 1856.

*Lectures by Liebig.*—The first of a winter course of Lectures on Animal Chemistry has been delivered by Professor Liebig, in which he replied to the theory of phosphorescence of the brain originating thought and will, as advocated by Molscholt, Voigt, &c., and showed that, by like reasoning, the bones should be much better sources of motive power.—*Lancet*, Feb. 9, 1856.

*Dr. Brown-Séquard.*—We are pleased to learn that the Academy of Sciences of France has awarded the prize of "Experimental Physiology" to Dr. BROWN-SÉQUARD, for his Researches on the Physiology of the Spinal Cord.

*Typhus Fever.*—This disease is committing great ravages at Vienna. As many as 12,000 cases have occurred.

*Prof. Oppolzer at Warsaw.*—Prof. OPFOLZER has been sent for from Vienna to Warsaw, in order to treat Prince Paskiewitch, who, notwithstanding he is an enemy to all doctors, was so taken with the Professor that he desired him to prolong his stay. OPFOLZER has diagnosed a perforating ulcer of the stomach, and the prognosis is rendered still worse by the fact of the existence of a large, painful carbuncle in the spinal region. The Professor, it is said, receives 2,400 francs per diem, all the expenses of his journey, and residence being defrayed. Moreover, crowds of the inhabitants of Warsaw consult him.—*Ibid.*

*Cholera in Austria.*—Between the 1st of May and 15th of November, 549,000 persons had the cholera in the Austrian empire. Of these 288,030 recovered, 230,861 died, and 30,208 were still under medical treatment.

*Cholera in Berlin.* 1855.—Although the cholera which manifested itself in Berlin, in 1855, did not take in a very great extension, the proportion of deaths was unusually large. There were in all 2,172 cases, 787 persons recovering, and 1,385 dying.—*Ibid.*

*Cholera at Madrid.*—La Seminario gives the number of cases at Madrid as 5,501, with 3,697 deaths. The Queen of Spain,

desirous of recognizing, as far as the state of the treasury allows of it, the great sacrifices made by the profession, has allocated 50 dollars a year to each of the widows of those practitioners who have died during their attendance on cholera patients.

*Statistics of Mortality in Paris in 1854.* The number of deaths in Paris, in 1854, was 40,968, and 24,969 of them took place in private houses, 13,896 in hospitals, 1,582 in military ditto, 227 in prisons; 293 were registered at the Morgue, and 1 was an execution. Of the total, 20,348 were females, and 20,620 males. Notwithstanding the frequent recommendations of vaccination, not fewer than 802 of the deaths were caused by smallpox. As regards the latter disease, the mayors of Paris have published a notice recommending the poorer classes of the capital to get their children vaccinated, adding, that "no man or woman can receive assistance of any kind unless they can show that their children have been vaccinated, and are sent regularly to school."

*Population of France.*—The *Annuaire du Bureau des Longitudes* gives the following statistical particulars relating to the population of France: "The annual average of boys to girls in legitimate births is as 17 to 16; while with illegitimate children the proportion is 26 males to 25 females. There still is found 1 illegitimate birth to 13 legitimate ones. The annual number of deaths of males is greater by one-seventieth than that of females. The mean annual increase of population is 156,333, or the 212th part of the whole. The population increases one-tenth in 20 years, two-tenths in 39 years, three-tenths in 56 years, four-tenths in 72 years, and one-half in 86 years. Were this progression to continue, the population would be doubled in 148 years. There is annually one birth to every 34 inhabitants, or 100 births to 84 deaths. There is one death to every 40 inhabitants, and one marriage to every 128. The average duration of life is at present 37 years and 7-10ths. Before 1789 it was only 28½."—*Lancet*, Jan. 12, 1856.

*Liberal Bequest.*—The late Mr. Copeland, of London, has left the munificent sum of twenty-five thousand dollars to the Society for the relief of Widows and Orphans of Medical Men.

*OBITUARY RECORD.*—M. MARTIN SOLON, long known and highly respected at Paris as a most worthy and talented hospital physician, died lately in the neighbourhood of the French capital, after several years' suffering. This excellent and unfortunate member of our profession was seized with a severe and incurable affection, when, by his exertions, talent, and integrity, he had reached the highest rank to which medical men can attain amongst our neighbours. Just at the time when he might reasonably expect to reap the benefit of incessant labour and perseverance, he was compelled to relinquish appointments, practice, learned societies, and the cultivation of medical science, and retire to a village near Paris, where, after several years of great suffering, he died in very reduced circumstances, surrounded by a very small circle of friends. M. MARTIN SOLON was physician to the Hôtel Dieu, member of the Academy of Medicine, and author of several works of great merit, especially the one on Albuminuria. We should not omit to state that the lamented deceased bore his trials with the most exemplary fortitude. The complaint under which he laboured was confirmed gout, which had thickened and distorted almost all his joints, and reduced him to a miserable cripple. A feature of the liveliest interest in this melancholy case is the fact that M. MARTIN SOLON joined very eagerly at the foundation of the Parisian Benevolent Medical Society. Surrounded by success and prosperity, he was anxious to exert himself on behalf of his less fortunate brethren. He little dreamed, while making his generous efforts, that this very Society would, a few short years after its formation, come to the assistance of one of its founders, and that that person should be the then hale, hearty, and successful MARTIN SOLON. Let this be a warning to those who have not as yet stepped forward and joined our own excellent benevolent associations. The Medical Society of the Parisian hospitals, of which the deceased was a member, also contributed to relieve his distress.—*Lancet*, February 9, 1856.

— M. ERNEST CLOQUET, physician, since 1846, to the Shah of Persia, has lately perished, after excruciating sufferings, from taking by mistake a large dose of tincture of cantharides. He was married, not long since, to an Armenian lady.